
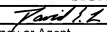


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/779,925
	Filing Date	February 17, 2004
	First Named Inventor	Sauve, et al.
	Group Art Unit	2173
	Confirmation Number	8991
	Examiner Name	R. Bayerl
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	308353.01

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> January 25, 2006 Date </div> <div style="text-align: center;">  Signature Norri Texar Printed Name </div> </div>		
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.

SIGNATURE OF ATTORNEY OR AGENT					
Signature					
Name of Attorney or Agent		David S. Lee			
Date	January 25, 2006	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			